

Appendix: PSA Plan Forms

PSA POLICING FOR PREVENTION STRATEGY COVER REPORT

1. PSA Lieutenant:

2. Month/Year Covered:

3. PSA Community Vision

4. Action Plans

5. Plan No.	6. Date Opened	7. Problem Description	8. Problem Location	9. Status	*
-				<input type="checkbox"/> Plan revised	<input type="checkbox"/>
-				<input type="checkbox"/> Plan revised	<input type="checkbox"/>

*Check the box if the community is actively collaborating on the Action Plan and carrying out assignments.

10. Resources Needed/Explanations (e.g., reason Plan is behind schedule)

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11. PSA Monthly Performance Indicator Summary (from detail tracking form attached)

12. Key Indicators	13. % Change Previous Month to Current Month	14. % Change Same Month Last Year to Current Month	15. % Change Previous Year-to-Date to Current Year-to-Date

16. Submitted By:

PSA LIEUTENANT NAME

SIGNATURE

DATE

17. Approved By:

DISTRICT COMMANDER NAME

SIGNATURE

DATE

FORM A:**ACTION PLAN**

METROPOLITAN POLICE DEPARTMENT

1. PSA:

3. VERSION DATE:

2. ACTION PLAN NUMBER

- -

Target a Problem

4. Problem Location:

5. Describe the Problem (Visible Signs and Harm Caused):

6. What Brought This Problem to Your Attention? Check all that apply.

- ☐ Officer Observation
- ☐ Calls for Service
- ☐ Crime Analysis
- ☐ Other Units
- ☐ Supervisors/Managers
- ☐ PSA Residents
- ☐ Other Community Reps.
- ☐ Other Government Agency
- ☐ Elected Official
- ☐ Other:

7. Problem Occurs During:

☐ 1st Watch☐ 2nd Watch☐ 3rd Watch☐ 4th Watch**Understand the Problem**

8. What We Know

Use the Crime Triangle to help answer the who, what, when, where, how, and why about the problem.

Offender:

Victim:

Location:

9. What We Need to Know

Identify missing information and make assignments to collect it. Add the information to the analysis above, and attach any related documentation to this form (e.g., crime maps, real estate records, etc.)

Missing Information	Name of Person Assigned (police, community, other agency)	Date Due	Date Completed

FORM A – Page 1

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Create a Plan

10. Desired Changes

Based on the description of the problem, state how you want the problem or community conditions to change over the next 12 months (for example, eliminate or reduce the problem, and/or increase or improve a positive community element).

- ☐ Eliminate (insert description):
- ☐ Reduce (insert description):
- ☐ Increase (insert description):
- ☐ Improve (insert description):

11. Planned Actions

What actions will be taken to achieve your desired changes? Consider the following:

- ◆ Changes to offenders, victims, and location.
- ◆ Actions by police, community members, other agencies.
- ◆ Policing for Prevention strategies under focused law enforcement (FLE), neighborhood partnerships (NP), or systemic prevention (SP).

Actions to Address Offenders

12. Actions	13. Name of Person Assigned (police, community, or agency)	14. FLE, NP, SP?	15. Start/ Due Date	16. Date Completed

Actions to Address Victims

12. Actions	13. Name of Person Assigned (police, community, or agency)	14. FLE, NP, SP?	15. Start/ Due Date	16. Date Completed

Actions to Address Location

12. Actions	13. Name of Person Assigned (police, community, or agency)	14. FLE, NP, SP?	15. Start/ Due Date	16. Date Completed

17. Submitted By: _____
PSA LIEUTENANT NAME SIGNATURE DATE

18. Approved By: _____
DISTRICT COMMANDER NAME SIGNATURE DATE

FORM B: ASSIGNMENT FORM METROPOLITAN POLICE DEPARTMENT	1. PSA:	2. ASSIGNEE:
	3. TIME PERIOD COVERED From: _____ To: _____	

4. Assignment 1:		5. Due:
6. Problem Description/Location		7. Action Plan Number - -
8. Date	9. Action Taken	10. Results

4. Assignment 2:		5. Due:
6. Problem Description/Location		7. Action Plan Number - -
8. Date	9. Action Taken	10. Results

FORM B – Page 1	PD 903-B Revised 3/00	PSA	Assignee:
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4. Assignment 3:		5. Due:
6. Problem Description/Location		7. Action Plan Number - -
8. Date	9. Action Taken	10. Results

4. Assignment 4:		5. Due:
6. Problem Description/Location		7. Action Plan Number - -
8. Date	9. Action Taken	10. Results

4. Assignment 5:		5. Due:
6. Problem Description/Location		7. Action Plan Number - -
8. Date	9. Action Taken	10. Results

11. Assigning Official: _____

NAME SIGNATURE DATE

12. Reviewed By: _____

NAME SIGNATURE DATE

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FORM C:**SUMMARY FORM**

METROPOLITAN POLICE DEPARTMENT

1. PSA:

3. TIME PERIOD

From:

2. ACTION PLAN NUMBER

- -

To:

Take Action and Review Progress**4. Planned Actions to Address *Offenders***
Compile from Form A - Create a Plan.**5. Assessment of Progress**
Summarize. If no progress, provide reason.

4. Planned Actions to Address *Victims***5. Assessment of Progress**

4. Planned Actions to Address *Location***5. Assessment of Progress**

6. Submitted By:

PSA LIEUTENANT NAME_____
SIGNATURE_____
DATE

7. Approved By:

DISTRICT COMMANDER NAME_____
SIGNATURE_____
DATE

FORM D: COMPLETION FORM METROPOLITAN POLICE DEPARTMENT	1. PSA: 3. DATE SUBMITTED:	2. ACTION PLAN NUMBER <div style="text-align: center; margin-top: 10px;">- -</div>
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Celebrate Success and Create a Lasting Community Presence

Final Evaluation. To be filled out when closing the problem and finalizing the PSA Action Plan.

4. *What impact have the strategies/actions had on the problem?*
 Problem has been ☐ Reduced ☐ Eliminated

5. *How do you know? (See Form A, Box #7)*

Indicators	Before	After

6. *What evidence is there of a positive community presence?*
 Conditions have been ☐ Improved ☐ Increased

7. *How do you know?*

Indicators	Before	After

8. *Description of positive community presence:*

9. *What have you done to celebrate success?*

9. Closure
 Recommended By:

PSA LIEUTENANT NAME	SIGNATURE	DATE

10. Closure
 Approved By:

COMMUNITY CHAMPION NAME	SIGNATURE	DATE
COMMUNITY CHAMPION NAME	SIGNATURE	DATE
COMMUNITY CHAMPION NAME	SIGNATURE	DATE
DISTRICT COMMANDER NAME	SIGNATURE	DATE

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A safe and healthy neighborhood in the District of Columbia.

Cover Photo: To help build a healthy neighborhood in PSA 106, Lieutenant Clyde Porter works to make the 8th Annual Neighborhood Cleanup a success. The event, sponsored by the Capitol Plaza Business Association, also included DPW and representatives from community businesses.

In front (from left to right): Iris Chamberlain (Greyhound), Simpson Grant, Lieutenant Clyde Porter, Charles Wormley (Greyhound).

In back (from left to right): Charlene Barber (DPW Solid Waste Inspector), Tyveek Anderson (Greyhound), CarlandzoSmith (DPW), Lawrence Wells (Greyhound), David Thurston (DPW), Marchel Rucker (Greyhound), Roy Wood (DPW), Officer Melissa Bracey (PSA 106).

Prepared by:
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Office of Organizational Development
Office of the Chief of Police
Visit the MPDC Web site at: <http://www.mpdc.org>



Government of the District of Columbia
Metropolitan Police Department
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